

**Issue Classification**

<p>----- (Assistant Examiner) (Date)</p>		<p><b>S. ROSASCO</b> <b>PRIMARY EXAMINER</b> <b>GROUP 1500</b></p> <p><i>S. Rosasco</i> 3/18/05 (Primary Examiner) (Date)</p>		<p><b>Total Claims Allowed: 3</b></p>	
<p><i>Sias</i> (Legal Instruments Examiner) (Date)</p>				<p>O.G. Print Claim(s)  1</p>	<p>O.G. Print Fig  3A, 3B</p>

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant										<input type="checkbox"/> CPA	<input type="checkbox"/> T.D.	<input type="checkbox"/> R.1.47	
Final	Original		Final	Original		Final	Original		Final	Original		Final	Original
	1		31		61		91		121		151		181
	2		32		62		92		122		152		182
	3		33		63		93		123		153		183
	4		34		64		94		124		154		184
	5		35		65		95		125		155		185
	6		36		66		96		126		156		186
	7		37		67		97		127		157		187
	8		38		68		98		128		158		188
	9		39		69		99		129		159		189
	10		40		70		100		130		160		190
	11		41		71		101		131		161		191
	12		42		72		102		132		162		192
	13		43		73		103		133		163		193
	14		44		74		104		134		164		194
	15		45		75		105		135		165		195
	16		46		76		106		136		166		196
	17		47		77		107		137		167		197
1	18		48		78		108		138		168		198
2	19		49		79		109		139		169		199
3	20		50		80		110		140		170		200
	21		51		81		111		141		171		201
	22		52		82		112		142		172		202
	23		53		83		113		143		173		203
	24		54		84		114		144		174		204
	25		55		85		115		145		175		205
	26		56		86		116		146		176		206
	27		57		87		117		147		177		207
	28		58		88		118		148		178		208
	29		59		89		119		149		179		209
	30		60		90		120		150		180		210